MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 101 590 917

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		4					55		1				
6		4					56		1				
7		①					57		1				
8		①					58		1				
9		①					59		1				
10		①					60		1				
11		①					61		1				
12		①					62		1				
13		①					63		1				
14		①					64		1				
15		①					65		1				
16		①					66		1				
17		①					67		1				
18		①					68		1				
19		①					69		1				
20		①					70		1				
21		①					71	1					
22		①					72		1				
23		①					73		1				
24		①					74		1				
25		①					75		1				
26		①					76		1				
27		①					77		1				
28		①					78		1				
29		①					79		1				
30		①					80	1					
31	1						81						
32		①					82						
33		①					83						
34		①					84						
35		①					85						
36		①					86						
37		①					87						
38		①					88						
39		①					89						
40		①					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	37	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	40					

PTO-1360 (REV. 9/03)

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